

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------------|----------------|
| FEE DETERMINATION | <i>HA</i> | <i>70291</i> | <i>8/10/15</i> |
| O.I.P.E. CLASSIFIER | | <i>49</i> | <i>8/14/15</i> |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | <i>hm</i> | <i>64330</i> | <i>9-9</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

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